

**BEST AVAILABLE COPY**

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	TYPE	FILE NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	8	12-28400	
FORMALITY REVIEW	S-B	JG 875	01-11-01
RESPONSE FORMALITY REVIEW	Rm	F81	13-14-01

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	O
6	✓
7	✓
8	✓
9	✓
10	O
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25	
26	
27	O
28	✓
29	✓
30	O
31	I
32	
33	
34	
35	
36	
37	O
38	✓
39	
40	✓
41	O
42	✓
43	✓
44	✓
45	✓
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Claim	Date
Final	
Original	
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65	✓
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67	✓
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70	✓
71	O
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83	O
84	✓
85	✓
86	✓
87	O
88	I
89	
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94	O
95	✓
96	✓
97	
98	✓
99	✓
100	O

Claim	Date
Final	
Original	
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If more than 150 claims or 100 sheets  
staple additional sheet(s).

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